

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/570046

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/					
3	/					
4						
5	/	3	/	1		
6	/					
7	/					
8		3		1		
9	/		/			
10	/		/			
11	/		/			
12		3		3		
13	/		/			
14	/		/			
15	/		/			
16		3		3		
17	/		/	1		
18	/					
19	/					
20		3		1		
21	/		/	1		
22	/					
23	/					
24		3		1		
25	/		/	1		
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TOTAL IND.	26		13	10		
TOTAL DEP.	18		10			
TOTAL CLAIMS	39		23			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						